UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1995/P/L.32
6 March 1995
ENGLISH
ORIGINAL: ENGLISH/FRENCH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1995
20-23 March 1995

FOR ACTION

RECOMMENDATIONS FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES AND FOR SUPPLEMENTARY FUNDING FOR PROGRAMMES WITHOUT RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES IN THE AFRICA REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in the Africa region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. It also contains recommendations for supplementary funding for the same countries for which no new recommendations for funding from general resources are requested, since the programme proposals submitted here are aimed at expanding or complementing ongoing programmes. The Executive Director recommends that the Executive Board:

(a) Approve additional general resources in the following amounts, totalling $7,084,270, to achieve the objectives of the country programmes as originally approved by the Board:

Country/programme	Amount (United States dollars)	Current programme cycle
Senegal	3 073 000	1992-1996
United Republic of Tanzania	4 011 270	1992-1996

* In order to meet documentation deadlines, the present document was prepared before agregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

95-06486 (E) 160395 200395

/...

(b) Approve supplementary funding in the following amounts for the programmes listed below, subject to the availability of specific-purpose contributions:

Country/programme	Amount (United States dollars)	Duration
Senegal	3 500 000	1995-1996
United Republic of Tanzania	1 035 450	1995-1996

Summaries of the recommendations follow, with annual funding requirements provided in a table. Tables setting out the planned annual phasing of expenditure for the supplementary funding proposals are also provided.

I. SENEGAL

Basic statistics (1993 unless otherwise indicated)

Number of children (millions, 0-15 years)	3.8
U5MR (per 1,000 live births)	120
IMR (per 1,000 live births)	63
Underweight (% moderate and % severe) (1992/1993)	20.1
Maternal mortality rate (per 100,000 live births) (1985)	600
Literacy rate (% male/female) (1990)	52/25
Primary school enrolment (% net male/female) (1989)	54/41
First-year students reaching fifth-year level (%) (1989)	88
Access to drinking water (%) (1991)	48
Access to health services (%) (1985)	40
Per capita GNP (1992)	US$ 780

One-year-olds fully immunized against:

tuberculosis:	69 per cent
diphtheria/pertussis/tetanus:	52 per cent
measles:	46 per cent
poliomyelitis:	52 per cent

Pregnant women immunized against:

tetanus:	30 per cent

The situation of children and women

1. Senegal is a semi-arid coastal country situated in the Sahelian zone of Africa. Its gross domestic product (GDP) was $780 before the devaluation of the CFA franc in January 1994. That devaluation, the economic and social effects of which have not yet been brought completely under control, could noticeably affect the living conditions of the most vulnerable groups; it could also reduce the impact of the Government's efforts in the social service sector.

2. In 1994, the population of Senegal was approximately 8 million, with an estimated annual growth rate of 2.8 per cent. The rate of urbanization is markedly higher than the 28 per cent mean for sub-Saharan Africa. Approximately 60 per cent of the population, half of it under 16 years of age, lives in rural areas. Although the share of agriculture in GDP (12 per cent) is lower than the shares of the services sector (60 per cent) and industry (18 per cent), approximately two thirds of the working population are employed in the agricultural sector. In a difficult economic context, characterized by a succession of structural adjustment programmes, the results of which have been deemed unsatisfactory, the real income of farmers, the productivity of the labour force and per capita food production have decreased, mainly as a result of a decline in soil fertility and a sharp population increase. According to current estimates, the infant mortality rate is 63 per 1,000 live births and the

under-five mortality rate (U5MR) is 120 per 1,000 live births. Malaria remains the principal cause of infant and child mortality, followed by diarrhoeal diseases and acute respiratory infections (ARI). The maternal mortality rate (MMR) of 600 per 100,000 live births is particularly high. Acquired immunodeficiency syndrome (AIDS) is becoming increasingly widespread, with 911 cases reported in October 1993.

Programme cooperation, 1992-1996

3. The cooperation programme under way is one of the Government's priorities; it incorporates the goals established by the World Summit for Children and the Consensus of Dakar. It forms part of the national programme of action (NPA) and provides the framework for the implementation of the provisions of the Convention on the Rights of the Child, the supplementary sectoral components of which have just been updated.

4. Following the adoption of the Consensus of Dakar, the Government and UNICEF proceeded to formulate a plan of action and to implement it, with a view to achieving medium-term goals, focusing on innovative strategies for the provision of services, enhanced social mobilization, national capacity-building and increased material support.

5. Thus, in 1993, it was possible to integrate the medium-term goals explicitly into the planning, implementation and monitoring of activities, with the help, in particular, of funding from general resources and the debt-conversion programme. The following readjustments were made: (a) programme strategies and activities were more explicitly focused on the attainment of medium-term goals, particularly under the expanded programme on immunization (EPI) plus; (b) some components which were not previously included in the programme were added, in particular salt iodation, vitamin A deficiency and breast-feeding; and (c) the schedule for the expansion of activities was accelerated. Thus, for example, at the end of 1994, a start was made on the implementation of the Bamako Initiative in all health stations, in other words in 650 rather than the 250 initially planned in the 11 districts supported by UNICEF. Similarly, instead of the 100 pilot schools planned for 1997, the programme already aims at covering 187 in 1994. The coverage of the water project has also been expanded with a view to the eradication of dracunculiasis (guinea-worm disease).

6. As far as general strategy is concerned, particular note should be taken of the emphasis placed on advocacy, social mobilization, coordination and efforts to achieve synergy among activities. The integration of medium-term goals into programming has also led to greater dynamism in the NPA process. These goals, which have been developed by means of a process effectively involving all Senegalese Ministries and all Senegal's development partners, and with the support of UNICEF, are also being pursued in the context of the development of sectoral plans of action to supplement the NPA.

7. The mid-term review undertaken in October 1994 has allowed important lessons to be drawn from the first three years of the implementation of the cooperation programme in terms of the provision of services, national capacity-building, community participation, social mobilization, and synergy among these

various strategies. It has become apparent that: (a) the Government's commitment to the programme is essential to the attainment of its goals; (b) the improvement of the infrastructure and the availability of the resources are essential to the efficient implementation of the programme; (c) appropriate training and regular monitoring are fundamental elements of the process of capacity-building; (d) social mobilization, combining traditional and modern communication methods with particular emphasis on interpersonal communication, is a fundamental strategy which can secure the commitment of the population and its participation in the conception, planning, execution and monitoring of activities; (e) the results of studies and evaluations must be widely distributed and taken into account in programming; and (f) the participation of national and international non-governmental organizations in the cooperation programme has the potential to expand the scope of their action, while at the same time strengthening their capabilities in the area of social development.

Recommendation for the funding from additional general resources of the approved country programme, 1992-1996

8. The current cooperation programme was approved in 1992 by the Executive Board for the period 1992 to 1996 in the amount of $8,800,000 from general resources (E/ICEF/1992/P/L.10). Following the adoption in 1992 of the medium-term goals of the Consensus of Dakar, activities had to be accelerated and intensified in 1993 and 1994 if those goals were to be attained by the end of 1995. In view of Senegal's commitment to accelerating the attainment of those mid-decade goals, it was deemed appropriate to guarantee the country the conditions necessary for it to take up the challenge. UNICEF therefore approved $3,073,000 in additional funding from general resources for the period 1993-1994. The five-year budget initially available under general resources would not have been sufficient to cover the financial needs of the programme up to the end of 1996. A supplementary allocation of $3,073,000 is therefore required for the execution of the programme up to the end of the current cycle (1992-1996).

Health and nutrition

9. A special effort will be devoted to: (a) attaining and maintaining high rates of immunization coverage (at least 80 per cent in 1995); (b) promoting the use of oral rehydration therapy (ORT) and of breast-feeding only; (c) supporting salt iodation; (d) controlling vitamin A deficiencies and halting the transmission of dracunculiasis. The Bamako Initiative is the Government's chosen strategy for establishing and strengthening a viable and durable public health system which can provide the population with access to, and increase the use of, services.

10. The acceleration of EPI, the campaign against diarrhoeal diseases using ORT, the control of ARI and malaria and the elimination of vitamin A deficiency will be carried out mainly through fixed structures. Owing to its high cost and low efficiency, the mobile approach will be reduced to a minimum.

11. In the 11 districts currently receiving UNICEF support, operational strategies permitting accelerated coverage and improved quality of care will be developed in 205 health stations. Some 200 additional health stations will be selected in the 30 other rural districts in connection with the EPI-plus

services package. Initial support will also be provided for the implementation of the Bamako Initiative strategies through micro-planning, training, monitoring community participation and social mobilization. In addition to the strategies and activities aimed at making the public health structures operational, each of the medium-term goals will be the object of specific actions.

12. Particular attention will be paid to the salt iodation component, because the country is one of the biggest producers and exporters of salt in the subregion.

Education

13. The plan of work and the strategies adopted are a direct extension of the plan of operations for 1992-1996 and of the human resources development project supported by the World Bank. UNICEF will put particular emphasis on social mobilization to promote the school enrolment of girls and the expansion of, and improvement of the performance of children in, multiple-grade and double-shift classrooms. Emphasis will be placed on the planning and implementation of an alternative system capable of producing a noticeable increase in the primary school enrolment rate. As for out-of-school education, particularly for adolescents, there are plans to expand it to cover a larger target population.

Water, sanitation and hygiene

14. The priority strategies of this programme are: (a) policy formulation; (b) coverage of all needs; (c) mobilization of additional resources, including community participation; (d) cost reduction; (e) better coordination of service providers; (f) improved monitoring; and (g) the strengthening of the sanitation subsector. These strategies will also noticeably strengthen the campaign against dracunculiasis, which will, moreover, be the subject of further surveys, health education and epidemiological surveillance in order to halt the transmission of this disease by the end of 1995.

Children in particularly difficult circumstances

15. It will be necessary to complete the analysis of the situation of these children and to expedite the implementation of the plan of operations, particularly with regard to improving their living conditions or placing them in institutions, and the strengthening of the support and participation of the population.

Planning, monitoring and evaluation

16. The process indicators recommended for each sector will be used to monitor, within the framework of both the Bamako Initiative and EPI plus, the system for monitoring the water and sanitation sector, in the case of water and sanitation, or the national system for evaluating school performance, in the case of education. Progress in implementing the NPA in general and the medium-term goals, in particular, will be a continuing element in the quarterly programme review. Studies have been planned to update the analysis of the situation of children and women. Moreover, the project for community-based monitoring (sentinel sites) will be strengthened.

Coordination with other partners

17. The current cooperation programme was developed with the participation of the partners of UNICEF, agencies of the United Nations system and national and international non-governmental organizations. Health and education activities are included under the human resources development project. Close cooperation is maintained with the United Nations Fund for Population Activities (UNFPA) and the World Bank with regard to the implementation of the population component of that project. Other sectoral programmes provide for the direct or indirect involvement of such partners as the United Nations Development Programme, the World Health Organization, UNFPA, the World Food Programme, the International Labour Office, and the United Nations Educational, Scientific and Cultural Organization (UNESCO). This coordination with other partners was carried out in an exemplary manner following the devaluation of the CFA franc when, under the auspices of the Ministry of Health, the donors took the initiative of guaranteeing the population access to essential drugs.

Funding

18. In the light of the foregoing, a total amount of $3,073,000 is requested for 1995-1996 from additional general resources.

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed		
		1995	1996	Total
1992-1996	8 800	1 273	1 800	3 073

a/ The amounts indicated here include the real balances carried over from the previous programme cycle.

Recommendation concerning programmes to be funded from supplementary funding without a recommendation for funding from general resources, 1995-1996

Project for the education of girls

19. Basic education is one of the main objectives of programme cooperation, 1992-1996. The aim of this project is to raise the gross school enrolment rate to 75 per cent and the literacy rate among women to 60 per cent. Senegal has been pursuing a policy of universal school enrolment since the declarations of Addis Ababa (1964) and Harare (1982), reinforced by the declaration of Jomtien (1990) calling for basic education for all. In 1992, the Consensus of Dakar recommended that school enrolment of girls should be increased. According to Government statistics, while gross school enrolment of the age group 7 to 12 years is 54 per cent, school enrolment of girls is only 46 per cent. However,

the latest UNICEF figures for the same age group, which relate to the period 1986-1991, are 58 per cent gross enrolment and 46 per cent enrolment of girls. Girls suffer from a twofold inequality with regard to school enrolment. Not only do they have limited access to the school system, but they also suffer from high drop-out rates. This situation is due in part to the traditional attitudes of parents who believe that the preparation of their daughters for the roles they are to play takes place rather in the home with their mothers. Moreover, the costs of school attendance for girls are higher than for boys, particularly with regard to clothing needs. School attendance among girls is also uneven geographically.

20. The project for the education of girls reinforces both components of the education programme, education in school and out of school. Its aim is to promote, increase and extend the duration of school attendance and the education of girls both in school and out of school. It is part of the NPA and is divided into two phases: (a) phase I (August 1994-June 1995), has set a target of eight schools in the 20 départements with the lowest rates of school enrolment of girls and 1,400 girls in out-of-school education; and (b) phase II (March 1995-December 1996 and continuing until the end of 1997) will cover 20 départements in nine regions, targeting 9,800 girls who are not enrolled in, or who have dropped out of, school.

21. The main objectives are: (a) to improve the rate of attendance in the 20 départements targeted; (b) to contribute to the training of both women and men schoolteachers to promote the school enrolment of girls; (c) to help to reinforce policies and legislation in favour of the education of girls; (d) to increase awareness in communities of the opportunities offered for the school enrolment of girls and strengthen their commitment to it; and (e) to help to update the analysis of the situation with regard to the education of girls. The main objectives of the project will serve as a basis for a broader project in the next programme cycle.

22. The main strategies focus on: (a) the social mobilization of decision-makers and elected officials; (b) the strengthening of the decentralization of innovation management; and (c) the participation of the population and donors of funds.

23. The main activities planned are: (a) ex ante evaluation; (b) establishment of national and local steering committees; (c) preparation of textbooks for the use of teachers to counter stereotypes; (d) preparation of modules for the use of parents to support the school enrolment of girls; (e) dissemination of information and social mobilization through the media, workshops, round-table discussions, etc.; (f) training of teachers with regard to the school enrolment of girls; (g) preparation of documents to initiate girls into socio-educational activities; and (h) improvement of monitoring capacity and systems relating to the school enrolment of girls.

24. The project will be coordinated by a steering committee composed of members of various departments and services of several ministries, including the Ministry of National Education, which has the primary responsibility, the Ministry of Literacy and National Languages, the Ministry of Women's, Children's and Family Affairs, the department responsible for the execution of the human

resources development project, non-governmental organizations, UNESCO, the World Bank and UNICEF.

25. An amount of $2 million in supplementary funding is requested for the period 1995-1996.

Urban drinking water, hygiene and environmental protection project

26. Drinking water coverage in the urban sector is estimated at 48 per cent. Despite the efforts made in this sector, however, only 30 per cent of households have their own water connection; 35 per cent use public standpipes and 35 per cent use other water sources, which are often polluted. In rural areas, only 26 per cent of households have access to safe water.

27. Programme cooperation 1992-1996 includes a sectoral water supply, sanitation and hygiene programme for rural and urban areas. During the execution of the urban component and throughout the quarterly programme reviews, it has been noted that the needs with regard to drinking water supply, sanitation, improvement of hygiene conditions and environmental protection will far exceed the programme forecast. Moreover, the action initially planned was confined to a limited number of small towns with a population of 15,000 to 20,000, while the major urban areas have never been targeted by the UNICEF-supported programme.

28. In 1994, a study undertaken in the town of Thiès (the third largest town in Senegal, with a population of 217,000) revealed: (a) inadequate drinking water supply and sanitation networks; (b) lack of a sewage disposal system; (c) very limited access to drinking water for the disadvantaged sectors of the population; and (d) widespread use of uncontrolled household refuse dumps. All this has led to: (a) the deterioration of living conditions and the environment; (b) very poor health conditions; (c) the development of water-borne diseases; and (d) high maternal and infant and child mortality rates. For that reason, this small-scale project has been prepared, in cooperation with the authorities, to serve as a basis for reflection before a broader-scale programme is formulated for the next programme cycle (1997-2001).

29. The main objectives of the project are: (a) to improve access to drinking water; (b) to set up sewage disposal systems; (c) to set up solid and liquid waste disposal systems; and (d) to improve the health and hygiene conditions of the population.

30. The strategies for achieving these objectives can be summed up as follows: (a) decentralization and community participation; (b) intersectoral collaboration; (c) continuity of action through the municipality and the community; (d) national capacity-building; (e) communication and social mobilization; and (f) cooperation with other agencies of the United Nations system.

31. The main activities to be undertaken under the project are: (a) increasing the number of connections to water supply networks from 61 to 75 per cent by installing 3,000 public connections; (b) digging cesspools and establishing sanitation areas around the 101 existing public standpipes; (c) disposing of

150 cubic metres of household refuse a day; (d) composting 40 cubic metres of refuse a day; (e) clearing 11,600 millilitres of drains a year; (f) constructing 500 latrines and 10 public lavatories; and (g) providing training and retraining for 150 volunteers from women's and youth groups to arouse greater awareness of matters relating to hygiene and sanitation.

32. The project, which will be executed under the auspices of the Ministry of Water Resources, will be managed at the central level by a national steering committee presided over by the Department of Water and Sanitation, with the participation of the other ministries concerned and UNICEF. At the community level, the technical services will be responsible for the technical execution and a coordinating body, presided over by the Governor or the Prefect, will bring together the various services and organizations involved, including NGOs, women's and youth groups, communities, etc. This body will be responsible for the coordination and supervision of activities and will participate in meetings of the national steering committee.

33. An amount of $1,500,000 in supplementary funding is required for the execution of the pilot project covering the period 1995-1996.

Estimated annual expenditure

(In thousands of United States dollars)

Programme	1995	1996	Total
Education of girls	1 000	1 000	2 000
Drinking water, hygiene and environmental protection in urban areas	724	776	1 500
Total	1 724	1 776	3 500

II. UNITED REPUBLIC OF TANZANIA

Basic data (1992)

Child population (millions, 0-15 years)	13.8
U5MR (per 1,000 live births)	176
IMR (per 1,000 live births)	111
Underweight (% moderate and severe)	29
Maternal mortality ratio (per 100,000 live births)	340
Literacy (% male/female)	87/81
Primary school enrolment (% net, male/female)	63/47
Primary school children reaching grade 5	22
Access to safe water (%)	46
Access to health services (%)	67
GNP per capita	$110
One-year-olds fully immunized against:	
tuberculosis:	100 per cent
diphtheria/pertusssis/tetanus:	82 per cent
measles:	81 per cent
poliomyelitis:	80 per cent
Pregnant women immunized against:	
tetanus:	22 per cent

The situation of children and women

34. The situation of women and children in the United Republic of Tanzania remains similar to that described in the 1992 country programme recommendation. However, the levels of donor support have somewhat decreased. The human immunodeficiency virus/AIDS and malaria have become larger threats. The situation of children and women has improved largely because of the accelerated national effort to achieve the mid-decade goals.

35. According to government surveys, most child deaths are caused by a combination of malnutrition and disease. Between 40 and 60 per cent of the country's 4,500,000 children under five years of age are malnourished, and between 4 and 9 per cent of them are severely malnourished and eight times more likely to die than better nourished children. Tanzanian women face a risk of maternal mortality that is 50 times greater than that of northern European woman. Complications in labour, exacerbated by poor health, account for about 340 maternal deaths for every 100,000 live births. Tanzanian infants are 10 times more likely to die before reaching one year of age than northern European babies.

36. Social services are well established to a degree uncommon in other countries as poor as the United Republic of Tanzania. There is a primary school in every village, 67 per cent of the rural population live within 5 kilometres of health services and one half of them have access to improved water supplies. However, chronic government underfunding and deteriorating conditions of employment for government staff have lowered the quality of basic services, which, in turn, have reduced communities' use of services. Gross enrolment of girls and boys in primary education is close to 80 per cent, and literacy rates for women and men are over 80 per cent.

37. The country's per capita gross national product of $110 in 1992 is the second lowest in the world. Between one quarter and one third of the Government's budget has been allocated to debt servicing. Strategies for economic recovery depend heavily on aid, emphasize the generation of export income and the reduction of central economic administration, and encourage more community responsibility for social services.

38. The global goals for children for the year 2000 were endorsed by the Government, which participated in the World Summit for Children. The World Summit goals were adopted by a national summit of members of the National Assembly and a summit in Zanzibar of the House of Representatives. Subsequently, an NPA for children was prepared and launched in December 1993.

39. There has been encouraging progress towards 9 of the 12 goals that are relevant for the United Republic of Tanzania. The Government has ratified the Convention on the Rights of the Child, usage of ORT is close to 80 per cent, universal salt iodation is expected in 1995 and no new cases of polio should occur as of 1995. The goal for severe malnutrition already has been achieved for about 20 per cent of children, who are those living in locations covered by the UNICEF programme. The goals of decreasing measles morbidity by 90 per cent and mortality by 95 per cent, making all targeted hospitals "baby-friendly" and narrowing the gap in access to water supply and sanitation by 25 per cent are all within reach, albeit with additional human and other resources.

40. Three goals present substantial challenges: the virtual elimination of vitamin A deficiency; reducing the gap in education coverage and quality by one third; and the elimination of neonatal tetanus.

Programme cooperation, 1992-1996

41. The objectives of the country programme are to improve capabilities at all levels to assess, analyse and take action to reduce U5MR, MMR and malnutrition. The strategy is to strengthen systems for analysis, management and advocacy in communities and districts as well as at the national level.

42. Community-based approaches are at the heart of the country programme strategy. The strategy is based on the assumption that many of the resources needed to achieve the decade goals are already present in the communities. These resources can be used more effectively provided people have improved knowledge and understanding concerning their problems, as well as support from district and national levels.

43. The current country programme provides varying degrees of assistance to district and community-based actions to improve the well-being of women and children in each of the 20 mainland regions and in Zanzibar. Eleven regions receive substantial support for community-based actions in both rural and urban communities. The remaining regions receive limited assistance aimed at promoting more substantial support from other donor agencies. At the national level, UNICEF concentrates on developing strategies and methods and on coordinating national and international resources.

44. One significant achievement has been the expansion of the community-based programme from 29 districts in 1992 to 50 in 1994. Accordingly, 664,692 children under five years of age were covered in the first quarter of 1992 and 811,823 in the fourth quarter of 1993, a 22 per cent increase. With this expansion has come a 40 per cent reduction in severe malnutrition and an almost 7 per cent reduction in moderate malnutrition. Improvements have been consistent in all areas, with the exception of pockets affected by outbreaks of dysentery and other infections. Innovative pilot projects in community-based approaches to safe motherhood, community-based AIDS interventions and education have been so successful that they are being expanded nation-wide.

45. The country programme also has identified new challenges. For example, while malnutrition has been reduced, a major challenge is to find ways to tackle the more intractable, interlocking causes of maternal and child deaths - poverty, poor educational standards and inadequate basic services. This will require that available resources be more precisely targeted on a mix of effective interventions.

Recommendation for additional general resources for the approved country programme, 1992-1996

46. The country programme for the United Republic of Tanzania for the period 1992-1996 was approved by the Executive Board in 1992 with an allocation of $38,500,000 from general resources (E/ICEF/1992/P/L.7). Following a review of indicators and planning levels in relation to available general resources, the annual ceiling for general resources for the United Republic of Tanzania was increased in 1994 to meet additional requirements for achieving the mid-decade goals. Therefore, an additional amount of $4,011,270 in general resources will be required for 1996 to ensure that the required level of implementation is sustained throughout the programme cycle.

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding	Additional funding proposed 1996
1992-1996	38 500	4 011

Recommendation for supplementary funding without a recommendation for funding from general resources, 1995-1996

47. To sustain momentum towards universal salt iodation, a "salt iodation plus" project has been developed to complement Government and donor efforts. The project will provide salt iodation equipment; establish quality control mechanisms and monitor iodated salt at all levels; establish an impact monitoring system; and improve regulations on production, proper packaging and marketing of iodated salt for human and animal consumption. A communications component will promote awareness of the need for iodated salt.

48. The objectives of the project are to (a) increase production of sun-dried, sea water salt and improve its quality by training small-scale salt producers located along the coast; (b) equip salt producers with appropriate salt crushers, dryers, packaging equipment and potassium iodate; (c) develop a strategy and plan to overcome the problem of widely scattered salt produced in hilly areas, known as "foot-hill salt"; and (d) increase the facilities for quality control and monitoring at production, wholesale and retail sale sites.

49. Apart from impurities, the salt produced along the coast has a high moisture content. When this type of salt is iodated, iodine retention is very poor. The high impurity and hygroscopic nature of the salt facilitate quick absorption of air and causes rapid melting of the salt. Consequently, the coating of iodine is washed away and drains out of the porous polypropylene or jute bags in which the salt is stored. To overcome this problem, producers of sea water salt will be trained in improved technology for producing good quality salt for iodation.

50. Without appropriate packaging, it is not possible to assure 150 micrograms of iodine per person per day from iodated salt. Presently, most of the salt produced in the United Republic of Tanzania is packaged in 50 kilogram bags made of jute/gunny or non-laminated polypropylene, which are transported to retail sellers, who re-package the salt into 5 or 10 kilogram open containers. Through this project, iodated salt will be packaged at production sites in 250 or 500 gram plastic or polythylene packets for sale to consumers. Salt iodation equipment will be provided to 200 small producers. These newly developed, low-cost iodation plants are simple, practical and portable and have a production capacity of 0.5 to 2 metric tons per hour.

51. There are many places in the United Republic of Tanzania where people collect salt from the land surface, mostly in hilly areas or marshy swamps. The quality of this salt is very poor, and may even be contaminated with radioactive elements. In 1993, the Ministry of Water, Energy and Minerals undertook a study to identify production centres, the quantities produced, various uses, and distribution and marketing patterns. A national workshop will be held to disseminate the findings of the study and develop strategies and plans to overcome this problem.

52. There is a need for regular quality control and monitoring of iodated salt at different levels to ensure the availability of 150 micrograms of iodine per person per day in iodine deficient areas. Three laboratories will be established at Mtwara, Lindi and Kilwa, where three new salt iodation plants were commissioned at the end of 1994. Equipment, chemicals and relevant supplies will be procured, and laboratory technicians will be trained locally.

53. The project is multisectoral and will be implemented by the Ministry of Water, Energy and Minerals and the Ministry of Health, in collaboration with other concerned ministries and agencies. The National Food Control Commission will monitor the enforcement of regulations on iodated salt.

Estimated annual expenditure

(In thousands of United States dollars)

Programme	1995	1996	Total
Health/nutrition	804.8	230.7	1 035.5